

Form **1040-SR** Department of the Treasury—Internal Revenue Service (99) **2021** U.S. Tax Return for Seniors OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS)
☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

| | | | | | |
|---|--|-------------------------------|-------------|--|--|
| Your first name and middle initial DAVID | | Last name GHATANFARD | | Your social security number REDACTED | |
| If joint return, spouse's first name and middle initial | | Last name | | Spouse's social security number | |
| Home address (number and street). If you have a P.O. box, see instructions. 56 OAK GROVE RD | | | | Apt. no. | |
| City, town, or post office. If you have a foreign address, also complete spaces below. SOUTHAMPTON | | | State NY | ZIP code 11968 | |
| Foreign country name | | Foreign province/state/county | | Foreign postal code | |

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ▶ ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness { **You:** ☒ Were born before January 2, 1957 ☐ Are blind
Spouse: ☐ Was born before January 2, 1957 ☐ Is blind

| Dependents (see instructions): (1) First name Last name | | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit Credit for other dependents | |
|--|--|----------------------------|-------------------------|--|--------------------------|
| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--------------------------------|--|-----------|------------|
| Attach Schedule B if required. | 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | |
| | 2a Tax-exempt interest | 2a | |
| | 3a Qualified dividends | 3a | |
| | 4a IRA distributions | 4a | |
| | 5a Pensions and annuities | 5a | |
| | 6a Social security benefits | 6a | 39,014. |
| | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 7 | 411,151. |
| | 8 Other income from Schedule 1, line 10 | 8 | 1,148,129. |
| | 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . ▶ | 9 | 1,593,656. |
| | 10 Adjustments to income from Schedule 1, line 26 | 10 | 52,250. |
| | 11 Subtract line 10 from line 9. This is your adjusted gross income . . ▶ | 11 | 1,541,406. |

Standard DeductionSee *Standard Deduction Chart* on the last page of this form.

| | | | | |
|------------|---|------------|------------|--|
| 12a | Standard deduction or itemized deductions (from Schedule A) | 12a | 42,728. | |
| b | Charitable contributions if you take the standard deduction (see instructions) | 12b | | |
| c | Add lines 12a and 12b | 12c | 42,728. | |
| 13 | Qualified business income deduction from Form 8995 or Form 8995-A | 13 | 203,670. | |
| 14 | Add lines 12c and 13 | 14 | 246,398. | |
| 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | 15 | 1,295,008. | |
| 16 | Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____ | 16 | 373,329. | |
| 17 | Amount from Schedule 2, line 3 | 17 | 0. | |
| 18 | Add lines 16 and 17 | 18 | 373,329. | |
| 19 | Nonrefundable child tax credit or credit for other dependents from Schedule 8812 | 19 | | |
| 20 | Amount from Schedule 3, line 8 | 20 | 211,258. | |
| 21 | Add lines 19 and 20 | 21 | 211,258. | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 162,071. | |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 68,466. | |
| 24 | Add lines 22 and 23. This is your total tax ► | 24 | 230,537. | |
| 25 | Federal income tax withheld from: a Form(s) W-2 25a b Form(s) 1099 25b c Other forms (see instructions) 25c d Add lines 25a through 25c 25d | | | |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | 327,184. | |
| 27a | Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instructions ► <input type="checkbox"/> | 27a | | |
| b | Nontaxable combat pay election 27b | | | |
| c | Prior year (2019) earned income 27c | | | |
| 28 | Refundable child tax credit or additional child tax credit from Schedule 8812 | 28 | | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | | |
| 30 | Recovery rebate credit. See instructions | 30 | | |
| 31 | Amount from Schedule 3, line 15 | 31 | | |
| 32 | Add lines 27a and 28 through 31. These are your total other payments and refundable credits ► | 32 | | |
| 33 | Add lines 25d, 26, and 32. These are your total payments ► | 33 | 327,184. | |

If you have a qualifying child, attach Sch. EIC.

| | | | | | | |
|-----------------------------|---|----------------|---|---|------------------------------------|---|
| Third Party Designee | Do you want to allow another person to discuss this return with the IRS? See instructions ▶ | | <input checked="" type="checkbox"/> Yes. Complete below. | | <input type="checkbox"/> No | |
| | Designee's name ▶ | Phone no. ▶ | Personal identification number (PIN) ▶ | 4 | 1 | 6 |
| | MILTON J. PIRSOS | (718) 545-5025 | | 0 | 3 | |

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|--|---|---|
| Your signature | Date | Your occupation RESTAURANTUER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. | Email address roeroel07@optonline.net | | |

| | | | | | |
|---------------------------------------|---|----------------------|------------|-----------|---|
| Paid Preparer Use Only | Preparer's name | Preparer's signature | Date | PTIN | Check if: |
| | MILTON J. PIRSOS | MILTON J. PIRSOS | 10/03/2022 | P00073580 | <input checked="" type="checkbox"/> Self-employed |
| | Firm's name ▶ MILTON J. PIRSOS, CPA | | | | Phone no. (718) 545-5025 |
| | Firm's address ▶ 31-19 Newtown Ave. Suite 1001 Astoria NY 11102 | | | | Firm's EIN ▶ 11-3108614 |